

Pink Carnation Pledge Form

I, _____, pledge to get a mammogram within the next year. I know that regular screening and early detection saves lives. I choose to get regular screenings to protect my health, my body, and my family.

Mammogram Status: (Please Check One)

☐ I have had a mammogram in the past 2 years
☐ I have NOT had a mammogram in the past 2 years, but pledge to get one

Race or Ethnicity (Please Check One)

☐ African American
☐ Hispanic
☐ Asian
☐ Caucasian
☐ Other (Please list: _____)

Age (Please Check One)

☐ 18-39
☐ 40-49
☐ 50-64
☐ 65+

Appointments

☐ I know how/where to schedule an appointment for a mammogram
☐ I do NOT know how/where to schedule an appointment for a mammogram

Insurance

☐ I currently have health insurance
(including Medicaid or Medicare.)
☐ I currently do not have health insurance.

How can BreastCare help you get the information you need?

*A BreastCare representative will be in touch with you in the coming weeks to follow up with this pledge, and connect you with resources that can help you schedule your mammogram.

Your contact information

Name: _____ Phone Number: _____
Email: _____ County: _____